

Riley County Health Department
Strategic Plan
January 2017-December 2019



Vision

Healthy People in a Healthy Community

Mission

To promote and protect the health and safety of our community through evidence-based practices, prevention, and education

January 2017

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Letter from Local Health Officer and Board of Health Chair

The Riley County Health Department (RCHD) and the Riley County Board of Health (BOH) are pleased to present our organizational strategic plan for 2017-2019. As a BOH and as a local health department, we are tasked with promoting and protecting the health and safety of Riley County citizens. We have a vision of *Healthy People in a Healthy Community*. This strategic plan will be our roadmap over the next three years. It will help us know where we are headed, how we will get there, and how we will know when we arrived. Over the past year, we have identified four strategic priorities to focus on: Promote and Protect Health, Community Outreach and Engagement, Quality and Sustainability, and Skilled and Engaged Staff.

In addition, this strategic plan will put us on the pathway towards Public Health Accreditation Board (PHAB) Accreditation. With the help of community partners, RCHD staff have been working towards accreditation in other ways including participating in the 2015 Riley County Community Needs Assessment (CNA) and the 2015 Community Health Improvement Plan (CHIP) Process. This strategic plan aligns with and is informed by those efforts.

As the strategic planning process is ongoing, this is plan intended to be a “living document”. We have set forth goals and objectives that are SMART (Specific, Measurable, Achievable, Relevant, and Time-oriented) and will monitor our progress on an ongoing basis. To achieve these goals, we need your help. This strategic plan provides an opportunity for cross-sector collaboration and partnerships with community organizations and Riley County citizens. We invite you to participate.

Jennifer Green, MPH, Ph.D.
Administrative Director and Local Health Officer
Riley County Health Department

Ronald Wells
Commissioner, District 3, Chair
Board of Health

Executive Summary

Beginning in January 2016, Riley County Health Department (RCHD) staff members participated in an iterative strategic planning process facilitated by Kansas Health Institute (KHI). Representatives from each RCHD program formed a Strategic Planning Team. Over a twelve month period the Strategic Planning Team completed an Environmental Scan, Program Assessment, and SWOT (Strengths, Weakness, Opportunities, and Threats) analysis. The strategic plan is informed by data including information from the 2014 Local Public Health Systems Assessment (LPHSA), 2015 Riley County Community Needs Assessment (CNA), 2015 Community Health Improvement Plan (CHIP) Process, a policy scan, and a financial analysis. The process included engaging with all RCHD staff, Riley County Commissioners serving as the Board of Health (BOH), the Riley County Public Health Advisory Council (PHAC), and more than 40 community partners and organizations for input. The result is a renewed commitment to the RCHD vision, revised mission and value statements, and four strategic priorities that will guide the work of all staff for the next three years. In addition, the Strategic Planning Team produced an action plan with goals, objectives, outcome measures, and action steps that will set the strategic plan into motion and can be monitored over time.

Vision

Healthy People in a Healthy Community

Mission

To promote and protect the health and safety of our community through evidence-based practices, prevention, and education

Values

RCHD is committed to:

- Recognizing the value of all people.
- Providing quality services.
- Serving with leadership and integrity.
- Advocating for advancement of public health policies

Our Strategic Priorities and Goals

1. Promote and Protect Health

Goal: Assure activity or collaboration within each of the Kansas Foundational Areas of the Foundational Public Health Services model:

- Health Promotion and Disease Prevention
- Communicable Disease Control
- Environmental Health
- Maternal, Family, and Child Health
- Access to and Linkages with Clinical Care

Goal: Utilize evidence-based practices to address health risks, health behaviors, disease prevention, and wellness

2. Community Outreach and Engagement

Goal: Expand and strengthen relationships with community partners

Goal: Develop strategies to improve communication with partners and the public

Goal: Advocate and educate for a health in all policies (HiAP) approach to decision-making

3. Quality and Sustainability

Goal: Integrate continuous quality improvement into organizational practices, processes, programs, and interventions

Goal: Achieve Public Health Accreditation Board (PHAB) Accreditation

4. Skilled and Engaged Staff

Goal: Recruit, hire, retain, and train a competent and diverse workforce.

Goal: Support and facilitate workplace wellness for Riley County Health Department employees

Introduction

The RCHD Strategic Plan for 2017-2019 will guide our department's priorities and activities over the next three years. Over the past year, RCHD staff have participated in a strategic planning process facilitated by KHI. An organizational strategic plan is being completed not only as a part of RCHD's intention to apply for PHAB Accreditation, but as a part of a successful and strategic approach to public health. This organizational strategic plan guides our work towards becoming a more efficient and effective health department that provides high quality programs and services that will positively impact the health of the community. This report provides an overview of the strategic planning process and the resulting strategic plan. The report is divided into six sections:

- 1) The Mission, Vision, and Values section defines each of the adopted statements.
- 2) The Summary of Environmental Scan Results and SWOT Analysis sections reviews these processes. A summary of the results includes an analysis of RCHDs strengths and weaknesses as well as external trends, events, and policies that may impact community health or the health department.
- 3) The Summary of Strategic Priorities Section describes each of the four strategic priorities and how the priority impacts RCHD and the community.
- 4) The Goals and Objectives Section provides a definition of goals and objectives as used in this report. For each strategic priority, one to three goals and related SMART objectives are presented.
- 5) The Linkages with the Community Health Improvement Plan and Quality Improvement Section includes information about the CNA, LPHSA, and CHIP process. This section includes information about how these assessments link to the strategic plan along with the Quality Improvement (QI) plan.
- 6) The Putting the Strategic Plan in Action Section provides an overview of how the report will be used and includes outcome measures for each goal that will be used to monitor performance on a quarterly basis. Information about how performance data will be used is included.

This report also provides additional information in four appendices. Appendix A includes a strategic action plan which was developed to outline action steps for each set of goals and objectives. The action plan includes information about parties responsible for completing the task, a time frame for completion, and identifies any additional needed resources. An example action plan is included. Appendix B includes a list of the members of the Strategic Planning Team. An overview of the strategic planning process including additional details about the Environmental Scan, SWOT analysis, and selection of strategic priorities, goals, and objectives is included in Appendix C. Finally, Appendix D will include future annual reports of progress in meeting the goals and objectives included in the plan. Annual reports will also describe how the progress towards RCHD goals and objectives benefits and influences the health of the community. This report is intended to be a "living document" and will be updated as progress is made or as goals and objectives need to be adjusted.

Mission, Vision, and Values

Vision

The vision of the organization is a futuristic view regarding the ideal state or conditions that the organization aspires to charge or create.

The vision of RCHD is:

Healthy People in a Healthy Community

Mission

The mission of the organization's purpose. It defines what the organization does and why.

The mission of RCHD is:

To promote and protect the health and safety of our community through evidence-based practices, prevention, and education

Values

Values are the principles, beliefs, and underlying assumptions that guide the organization.

RCHD is committed to:

- Recognizing the value of all people
- Providing quality services
- Serving with leadership and integrity
- Advocating for advancement of public health policies

Summary of Environmental Scan Results and SWOT Analysis

An Environmental Scan is “a process that systematically surveys and interprets relevant data to identify external opportunities and threats. An organization gathers information about the external world, its competitors and itself.”¹ To inform the strategic planning process, meaningful data and information is compiled for analysis, historical and existing data useful to inform the development of the strategic plan is identified, and plans for collecting additional data and information are developed as needed. In January 2016, KHI facilitated an Environmental Scan with RCHD staff.

Key issues to address with Environmental Scan data were:

- Community Needs and Health
- Client Characteristics
- Financial Picture of RCHD and Community
- Health Department Strengths and Weaknesses
- Current Capacity of the Health Department
- Learning and Growth Needs
- State, National, and Legislative Issues

Data sources included were:

- RCHD annual reports
- 2015 CNA results including health status, community perceptions, and demographics
- 2014 LPHSA results
- RCHD financial analysis
- An agency review against PHAB standards
- Policy and legislative scan
- RCHD program assessment and information

Results from the Environmental Scan and program assessment are summarized below.

- 2015 CNA and CHIP

A primary source of information for the improvement planning process was the Riley County Comprehensive Community Needs Assessment (CNA) Report, which has been used as the basis of the Riley County CNA. Project coordination for the CNA was provided by Riley County Seniors’ Service Center, and it was conducted by the Center for Community Support and Research at Wichita State University. “The overarching theme of the data collected is that Riley County is a community that is divided between a high quality of life, prosperity, and growth on one hand, and dwindling resources for and lack of attention to those who are most in need on the other.”² Findings indicate that Riley County offers a high quality of life, is experiencing rapid growth highlighted by a spirit of community and collaboration. The CNA also identified areas for improvement including: 1) an invisible population with significant needs 2) a lack of accessible and affordable mental health services 3) a lack of affordable housing and 4) a lack of accessible and affordable child care. The full CNA report can be accessed here: <http://www.rileycountycommunityneedsassessment.org/>

¹ Society for Human Resource Management

² Riley County Community Health Needs Assessment

Following the CNA, RCHD and community partners began Riley County's community health improvement planning process. This iterative process involved over 200 stakeholders in reviewing data, discussing needs, and identifying priorities. Based on a series of meetings with key stakeholders and organizational partners, community listening sessions, and planning team work sessions, 13 priorities were identified. Of those, three were selected as having the most potential for collective impact in improving the health of Riley County: 1) communication and coordination of systems and services 2) transportation and 3) mental Health

The full CHIP Process report can be accessed here: <https://www.datacounts.net/rcchip/>

- 2014 LPHSA results

In 2014 the LPHSA also took place. A national, standardized tool was used to score activity level related to the 10 Essential Public Health Services. Overall, Riley County's local public health system scored very favorably. No essential services scored in the "No Activity" or "Minimal Activity" level range. Six services scored in the "Moderate Activity" range and included developing policies and plans, monitoring health status, and educating and empowering. Three services (Mobilize Partnerships, Enforce Laws, and Link to Health Services) scored in "Significant Activity" range. One service (Diagnose and Investigate) scored highest, in the "Optimal Activity" range.

The full LPHSA report can be accessed here: <https://www.datacounts.net/lphsa/>

- RCHD Financial Analysis

In 2015, the total revenues for RCHD were \$3,941,600 with the largest source of funding coming from federal, state, and local grants (54%). RCHD expenses totaled \$3,538,495 with personnel accounting for the largest expenses (65%). The ending 2015 balance was \$572,196.

The complete 2015 financial statement can be accessed here:
<http://www.rileycountyks.gov/DocumentCenter/View/13114>

- Policy and legislative scan

Staff identified several policies and legislation that may impact RCHD funding and programs. For example, the Kansas Property Tax Lid (Senate Bill No. 316) would require the governing body to vote in order to raise property tax funds, so that county agencies could be funded. This may impact the county's ability to match the funding given to the RCHD programs through grants.

Further, the Kansas Association of Local Health Departments (KALHD) 2016 Policy Statement includes support for the Foundational Public Health Services (FPHS). This policy focuses on the basic set of public health services that must be provided or assured by all local health departments. These areas include: Health Promotion and Disease Prevention; Communicable Disease Control; Environmental Health; Maternal, Family and Child Health; and Access to & Linkages with Clinical Care.

- An agency review against PHAB standards

An Accreditation Readiness Self-Assessment tool development by KHI was completed. This tool provides a general sense of ability to complete each PHAB measures and standards for each of the 12 PHAB domains. Scores range from one to five, with a low score of one indicating no activities are being conducted and no documentation is available and a high score of five indicating significant activity is taking place and adequate documentation is available. Results are summarized in the table below. Areas

with the highest scores were Domains one, two, and eight. Improvements in activity and documentation are needed in Domain nine.

For more information about PHAB, please visit: <http://www.phaboard.org/>

Domain	Average Score
Domain 1: Conduct and Disseminate assessments focused on population health status and public health issues facing the community	4.64
Domain 2: Investigate health problems and environmental public health hazards to protect the community	3.80
Domain 3: Inform and educate about public health issues and functions	3.11
Domain 4: Engage with the community to identify and address health problems	4.75
Domain 5: Develop public health policies and plans	2.56
Domain 6: Enforce public health laws	4.50
Domain 7: Promote strategies to improve access to health care	2.17
Domain 8: Maintain a competent public health workforce	4.20
Domain 9: Evaluate and continuously improve processes, programs, and interventions	1.29
Domain 10: Contribute to and apply the evidence base of public health	3.00
Domain 11: Maintain administrative and management capacity	3.73
Domain 12: Maintain capacity to engage the public health governing entity	3.67

In addition, the RCHD Strategic Planning Team participated in a program assessment facilitated by iBossWell, Inc. A program assessment can guide in:

- Assessing programs against trends of increasing demand with fewer resources
- Gaining a greater focus by determining what programs to invest more in or divest
- Exploring and increasing opportunities for collaboration
- Advancing organizational sustainability through a comparative view of mission-impact and financial profitability
- Discussing the needs of the program to help inform the strategic planning process
- Creating a business case for potential new programs Data from the CNA indicates

The assessment used the MacMillan Matrix³ and the Matrix Map⁴ to assess 11 health department programs and services including Child Care Licensing, Health Education, Public Health Emergency Preparedness, WIC, Immunizations and Family Planning, and Maternal Child Health.

The MacMillan Matrix approach provides an organization guidance for considering the future direction of each of their programs. Each category results in a simple bottom-line rating:

1. Fit with the Mission – Good or Poor Fit
2. Program Strength – Strong or Weak Program Strength
3. Alternative Coverage – Low or High Alternative Providers
4. Resource Attractiveness – Easy or Difficult Program to Resource

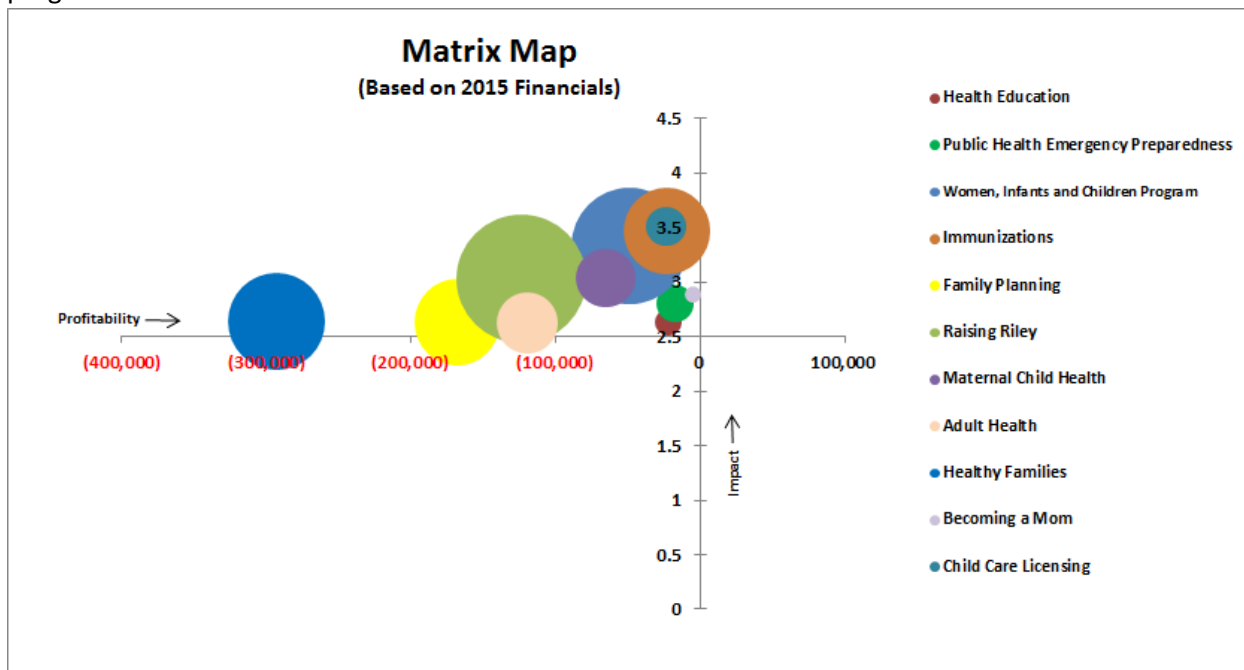
³ I.C. MacMillan, "Competitive Strategies for Not-for-Profit Agencies," Advances in Strategic Management 1 (London: JAI Press Inc., 1983), pg 61-82

⁴ J. Bell, J. Masaoka and S. Zimmerman, "Nonprofit Sustainability: Making Strategic Decisions for Financial Viability, (San Francisco, CA: Jossey-Bass)

Results of the MacMillan Matrix are provided below.

MacMillan Matrix					
		High Program Attractiveness: "Easy"		Low Program Attractiveness: "Difficult"	
		Alternative Coverage High	Alternative Coverage Low	Alternative Coverage High	Alternative Coverage Low
GOOD FIT WITH MISSION AND ABILITIES	Strong Competitive Position	1. Compete Aggressively	2. Grow Aggressively	5. Support the best competitor	6. "Soul of the Agency"
		Adult Health;	Child Care Licensing; Women, Infants and Children Program; Immunizations; Raising Riley;		Public Health Emergency Preparedness; Family Planning; Maternal Child Health; Becoming a Mom;
	Weak Competitive	3. Divest aggressively	4. Build Strength or Get Out	7. Divest Systematically	8. Work Collaboratively
					Health Education;
POOR FIT WITH MISSION AND ABILITIES		9. Aggressive Divestment	10. Orderly Divestment	11. Aggressive Divestment	12. Orderly Divestment
					Healthy Families;

The Matrix Map approach allows organizations to gain insight into their long-term sustainability by using a financially focused lens coupled with mission impact. The horizontal axis represents profitability; bubbles that plot to the right of the center point are profitable. The vertical axis represents mission impact; the farther above the center point a bubble plots, the greater its impact. The size of the bubble represents the size of the program expenses, which provides a relative size comparison to the other programs.



A SWOT analysis is a method used to evaluate the Strengths, Weakness, Opportunities, and Threats facing an organization. A SWOT analysis identifies both internal and external factors that may impact an

organization. Strengths are internal positive attributes of the organization and weakness are internal attributes that may hinder the success of an organization. Opportunities are external factors that may facilitate the activities of the organization, while threats are external factors that may prevent the organization from meeting its goals. In March 2016, KHI conducted a SWOT analysis during an in-service meeting with RCHD staff. A summary of findings are presented below.

<p>Strengths</p> <ul style="list-style-type: none"> Internal collaboration Passionate Work well together Knowledgeable staff Diverse skills Adaptable Friendly atmosphere Strong leadership Good benefits Provide education well Meet needs by linking elsewhere Fill a unique role in the community Coordinate, execute outreach Good rapport Affordable for clients 	<p>Weaknesses</p> <ul style="list-style-type: none"> Communication EHRs Policies and procedures-need developed Succession plan Warm hand offs Tracking referrals Program integration formalizing Reducing repetition Marketing/social media Scheduling/availability to clients Technology-inefficiencies Community outreach Employee wellness Time management Prioritize
<p>Opportunities</p> <ul style="list-style-type: none"> Kansas State University (KSU) Master of Public Health (MPH)/marketing students Using existing organizations to spread the word Linking up with other providers Working with Ft. Riley Mental Health – provide or link to services Working with school districts Worksite Wellness Opportunity with job corps Opportunities related to the CHIP Outreach to non-traditional partners Expanding postnatal services Technical Assistance Training using expertise @ state level Affordable Care Act Patient assistance programs ACE's Via Christi collaboration-policies and funding 	<p>Threats (Challenges)</p> <ul style="list-style-type: none"> Separate building Cuts to funding Negative perceptions Sex education(Political sensitivities) Prioritization of government funds High demand because of location Located next to competition Large population Continuity of care Limited opportunities for mental health care Infection control (w/ NBAF, population at university and Fort Riley) Language barrier Limited time to advocate and limitations on advocacy Not enough childcare DAISEY-Replication, decisions made without local input Systems communicating interfacing Uneven tech requirements and capabilities

	Bills that impact our work (such as in the legislature) Sustainability planning PHEP Funding cuts
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Summary of Strategic Priorities

1. Promote and Protect Health

Promoting and protecting health is an essential part of our mission statement and a key component of what we do at the health department. It's what public health is all about, and it is part of every program. If we don't do this well, we are not serving the population of Riley County in the way that we need to. Therefore, it is essential that we have a strategic focus in this area.

2. Community Outreach and Engagement

Community outreach and engagement is a strategic priority for RCHD because we need to involve the public and our partners in building a healthy community. We do this by working together to improve health, developing healthy policies, and providing education about healthy living. We also strive to ensure that our community members know about and value what we do at the health department. When the Riley County community thinks about healthy living, we want them to think of RCHD as a leader.

3. Quality and Sustainability

At RCHD, we are building a culture of quality improvement, always aiming for the best in all that we do. In order to best serve our community, we must focus on efficient and effective operations. We achieve our goals by optimizing our use of technology and having a strong focus on measuring and achieving our goals. Providing quality public health services helps us to maintain a positive image in the community and with our funders. These help us to ensure sustainability of the public health department well into the future.

4. Skills and Engaged Staff

It's important to have a competent workforce in order to continue operations and provide quality services, which allows us to reach our goals in all areas. We aim to give staff opportunities to develop and grow professionally so that they are performing at a high standard, satisfied with their work environment and passionate about what they do. As a health department, our workforce is our biggest asset in serving the community.

Goals and Objectives

Goals are broad targets that address each strategic priority. Goals identify in broad terms how a priority is going to change things in order to solve the problem you have identified. In short, a goal is a result that one is attempting to achieve. Objectives are specific statements about what your efforts and actions are intended to accomplish. Objectives make goals more precise and delineate what you will achieve, how much, and by when. The RCHD Strategic Planning Team developed goals and objectives for each strategic priority with feedback and input from community partners. The goals and objectives for each priority are presented below.

Riley County Health Department Strategic Priorities, Goals, and Objectives

Strategic Priority: Promote and Protect Health

Promoting and protecting health is an essential part of our mission statement and a key component of what we do at the health department. It's what public health is all about, and it is part of every program. If we don't do this well, we are not serving the population of Riley County in the way that we need to. Therefore, it is essential that we have a strategic focus in this area.

Goal:

- Assure activity or collaboration within each of the Kansas Foundational Areas of the Foundational Public Health Services model:
 - Health Promotion and Disease Prevention
 - Communicable Disease Control
 - Environmental Health
 - Maternal, Family and Child Health
 - Access to and Linkages with Clinical Care

Objectives:

Health Promotion and Disease Prevention/Communicable Disease Control

- By December 2017, develop and implement a comprehensive community-based health promotion and disease prevention plan based on known health risk factors from established data sources (e.g BRFSS, YRBSS, U.S. census data, Riley County CHIP, etc)

Environmental Health

- Through 2019, host quarterly meetings with Riley County Department of Planning and Development (Environmental Health) to assure that Environmental Health Services such as school inspections and water testing are being provided to Riley County

Maternal, Family and Child Services and Communicable Disease Control

- By December 2019, increase the number of clients who have received family planning services, maternal and child services (including WIC and home visiting), and STD and HIV testing and treatment by 10% for programs overall

Access to & Linkages with Clinical Care

- By December 2018, make available an electronic database of community health and social services on the Riley County Health Department Website (Linkage to CHIP)
- By December 2017, determine a baseline number of RCHD clients that receive internal RCHD referrals and external referrals to outside organizations for health, insurance and social services and

by 2019 increase internal and external client referrals for health, insurance and social services by 20%
<p>Goal:</p> <ul style="list-style-type: none"> Utilize evidence-based practices to address health risks, health behaviors, disease prevention, and wellness. <p>Objectives:</p> <ul style="list-style-type: none"> By August 2017, gain access to at least one academic database (e.g. Academic Search Premier, Ebsco) via Kansas State or other academic institutions and subscribe to one at least one Academic Journal (e.g. American Journal of Public Health) By December 2018 85% of all new (after the implementation of the strategic plan) programmatic efforts at the health department have scientific evidence of significantly changing knowledge, attitudes, intentions, or behavior as determined by scientific literature (e.g. peer-reviewed journal articles, meta-analysis, Cochrane database, evidence reviews, etc.) By December 2018, determine the baseline number of programmatic efforts that are evidence-based and by December 2019 increase the programmatic efforts that are evidence based by 20%.

Strategic Priority: Community Outreach and Engagement

Community outreach and engagement is a strategic priority for RCHD because we need to involve the public and our partners in building a healthy community. We do this by working together to improve health, developing healthy policies, and providing education about healthy living. We also strive to ensure that our community members know about and value what we do at the health department. When the Riley County community thinks about healthy living, we want them to think of RCHD as a leader.

Goal:

- Expand and strengthen relationships with community partners

Objectives:

- By April 2017, develop an official list of organizational partners and identify areas where additional partners are needed.
- By December 2017, facilitate annual meetings with community partners to share information and discuss community and regional health issues.

Goal:

- Develop strategies to improve communication with partners-and the public

Objectives:

- Increase public attendance at Public Health Advisory Council meetings to 10 people each year by December 2019.
- 18% of current Everbridge users opt in to new Health Alerts by July 2019.
- Develop a coordinated organizational branding strategy for the development and distribution of health department informational materials by July 2017.
- Develop and implement a policy for notifying the public of health concerns by December 2017

Goal:

- Advocate and educate for a health in all policies (HiAP) approach to decision-making

Objectives:

- By July 2018, 95% of the Health Department staff and PHAC members will be able to recognize 2 HiAP approaches.
- By December 2019, present a draft resolution to the Riley County Board of Commissioners/Health that indicates a commitment to HiAP.

Strategic Priority: Quality and Sustainability

At RCHD, we are building a culture of quality improvement, always aiming for the best in all that we do. In order to best serve our community, we must focus on efficient and effective operations. We achieve our goals by optimizing our use of technology and having a strong focus on measuring and achieving our goals. Providing quality public health services helps us to maintain a positive image in the community and with our funders. These help us to ensure sustainability of the public health department well into the future.

Goal:

- Integrate continuous quality improvement into organizational practices, processes, programs, and interventions

Objectives:

- By June 2017, the health department will have adopted a Quality Improvement (QI) Policy and Plan.
- By September 2017, the QI team will educate and train all staff on the QI Plan, system, and roles and responsibilities within the system.
- By July 2018, each health department program will have identified a QI project and get it approved through the QI team.
- By December 2018, the health department director and Insight team will have selected a new electronic health record (EHR) system for implementation by December 2019.
- By December 2019, each program will have completed a full QI project and Plan, Do, Check, Act cycle.

Goal:

- Achieve Public Health Accreditation Board (PHAB) accreditation

Objectives:

- By June 2017, the health department director and accreditation coordinator will make a presentation to the Board of Health during the County Commissioner's meeting on the value, benefits, and full process of applying for Public Health Accreditation and obtain board approval to submit registration to inform PHAB of the health department's intention to apply.
- By March 2018, the health department will have completed and documented all pre-requisites and submit an application and fee to the accreditation board. See appendix A (National Public Health Department Accreditation Readiness Checklists)
- By March 2019, the health department will have selected documentation for each PHAB measure (version 1.5) and submitted documentation to PHAB.
- By December 2019, the health department will participate in a site visit conducted by PHAB.

Strategic Priority:**Skilled and Engaged Staff**

It's important to have a competent workforce in order to continue operations and provide quality services, which allows us to reach our goals in all areas. We aim to give staff opportunities to develop and grow professionally so that they are performing at a high standard, satisfied with their work environment and passionate about what they do. As a health department, our workforce is our biggest asset in serving the community.

Goal:

- Recruit, hire, retain, and train a competent and diverse workforce.

Objectives:**Recruit and Train**

- By June 2017, adopt an internship policy and procedure to help recruit and train a competent workforce.

Recruit and Hire

- Through December 2019, improve recruitment efforts to increase diversity in geography and minority status in the RCHD workforce

Retain

- By June 2018, identify at least one reason or risk factor for employee separation to aid in future employee retention efforts
- Through December 2019, recognize an employee or team of the quarter at in-service meetings

Train

- Through December 2019, each staff member will participate in at least 16 hours per year of approved job-related professional developments identified by program supervisors or individuals.

Recruit, hire, retain, and train

- By January 2018, create and implement a workforce development plan for current and future Riley County Health Department employees.

Goal:

- Support and facilitate workplace wellness for Riley County Health Department Employees.

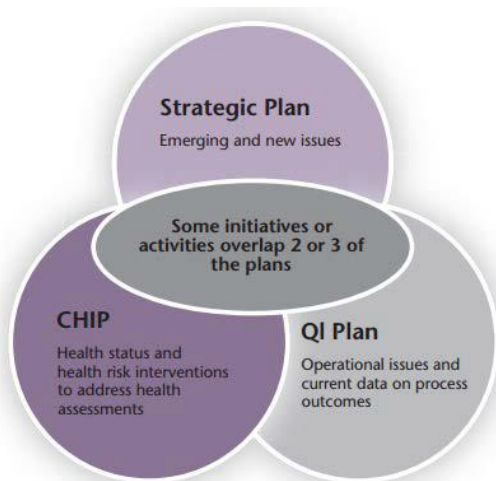
Objectives:

- By April 2018, create, pilot, and evaluate a worksite wellness plan for Riley County Health Department Staff

Linkages with the Community Health Improvement Plan and Quality Improvement Plan

The RCHD strategic plan works in conjunction with the Riley County CHIP and the RCHD QI. Data from the CNA informs the development of all three plans. In 2014, Wichita State University's Center for Community Support and Research was contracted to conduct a comprehensive community-wide health assessment for Riley County to highlight community strengths and needs. In 2015, RCHD worked with community partners including Via Christi Hospital, Konza United Way, Riley County Senior Services Center and First United Methodist Church, to begin a CHIP Process to determine the top health priorities to address and improve. Three priorities were selected as having the most potential for collective impact in improving the health of Riley County: Communication and Coordination of Systems and Services, Transportation, and Mental Health. RCHD is working with community partners to develop a more detailed implementation plan with specific, measurable objectives, and activities. The RCHD staff are in the process of developing a QI improvement plan to improve upon organizational process and outcomes.

As RCHD staff work towards accreditation, it is important that there is alignment between these three plans. Thus, some initiatives and activities will overlap and are included into two or even all three plans. For example, the third strategic priority addresses quality and sustainability. Objectives and action steps are included to complete a QI plan, train staff on the QI process, and complete program specific QI projects. In addition, the Communication and Coordination of Systems and Services priority identified in the CHIP process is addressed in the RCHD Strategic Plan. Objectives and action steps are included to "expand and strengthen relationships with community partners", to "develop strategies to improve communication with partners and the public," and to "make available an electronic database of community health and social services on the Riley County Health Department Website."



The Community Health Assessment informs all three plans.

(Adapted from MarMason Consulting LLC, 2012)

Putting the Strategic Plan in Action

The Strategic Planning Team has developed an action plan (Appendix A) to accompany this report. This action plan includes specific actions steps that will serve as a guide for the initiatives and activities of RCHD programs over the next three years. The team will develop a Performance Management System to monitor key performance indicators for RCHD as a whole. As a part of performance management system, outcome measures developed for each goal will be used to monitor progress toward meeting the goals and objectives of the strategic plan (see below). The Strategic Planning team will analyze and interpret performance data quarterly. Quarterly progress reports will be presented during public BOCC and PHAC meetings, and will be included in the RCHD Annual Report. In addition, Appendix D of this report will be updated to include annual reports of our progress toward meeting our goals and objectives. Performance data related to the strategic plan will also be used for quality improvement, including making needed adjustments to the strategic plan and developing QI projects to improve policies and programs.

1. Promote and Protect Health

Goal 1: Promote activity or collaboration within each of the Foundational Areas of the Foundational Public Health Services Model

Outcome Measures

- Number of clients receiving family planning services, maternal and child services (including WIC and home visiting), and STD and HIV testing and treatment services
- Percentage of internal and external referrals clients are receiving for health, insurance and social services

Goal 2: Utilize evidence-based practices to address health risks, health behaviors, disease prevention, and wellness

Outcome Measures:

- Obtaining access to academic databases
- Percentage of new programmatic efforts that have scientific evidence of significantly changing knowledge, attitudes, intentions, or behavior as determined by scientific literature
- Percentage of programs/services that are evidence based

2. Community Outreach and Engagement

Goal 1: Expand and strengthen relationships with community partners

Outcome Measures

- Number and percentage of organizational community partners

Goal 2: Develop strategies to improve communication with partners and the public

Outcome Measures:

- Number and percentage of attendees at Public Health Advisory Council (PHAC)
- Number and percentage of Everbridge users opting in to a new Health Alerts

Goal 3: Advocate and educate for a health in all policies (HiAP) approach to decision-making

Outcome Measures

- Percentage of RCHD staff and PHAC members will be able to recognize 2 HiAP approaches

3. Quality and Sustainability

Goal 1: Integrate continuous quality improvement into organizational practices, processes, programs, and interventions.

Outcome Measures

- Approval of an RCHD Quality Improvement Plan
- Completion of quality improvement projects by each RCHD program

Goal 2: Achieve Public Health Accreditation Board (PHAB) Accreditation

Outcome Measures

- Achievement of PHAB accreditation

4. Skilled and Engaged Staff

Goal 1: Recruit, hire, retain and train a diverse and competent workforce

Outcome Measures

- Proficiency in each of the competencies for public health public health professionals (KDHE core competency assessment)

Goal 2: Support and facilitate workplace wellness for Riley County Health Department Employees.

Outcome Measures

- Percentage of health department employees that participate in workplace wellness activities.
- Process evaluation of implementation: items set forth in the plan are being implemented and adhered to

Appendices

Appendix A: Action Plan

To accompany the strategic priorities, goals, and objectives, the Strategic Planning Team developed an action plan. The action plan includes specific action steps that need to be taken to meet each objective. The action plan also outlines which RCHD staff should participate in and are responsible for completing the action step. Further, the strategic plan is a collaborative effort and requires active and engaged participation from all RCHD staff. A range of dates during which the action step should be completed is indicated. Dates range from January 2017 to December 2019. Although some activities have a defined completion date, other action steps are ongoing and will span multiple years. Finally, resources (funding, outside community partners and personnel, equipment, technology/websites) needed to complete the tasks are identified. An example of the action plan can be found below.

Strategic Priority: Promote and Protect Health

Promoting and protecting health is an essential part of our mission statement and a key component of what we do at the health department. It's what public health is all about, and it's part of every program. If we don't do this well, we are not serving the population of Riley County in the way that we need to. Therefore, it is essential that we have a strategic focus in this area.

Goal

Promote activity or collaboration within each of the Foundational Areas of the Foundational Public Health Services model

Outcome Measures

Number of clients receiving family planning services, maternal and child services (including WIC and home visiting), and STD and HIV testing and treatment services

Percentage of internal and external referrals clients are receiving for health, insurance and social services

Objective I	Actions	Responsible Party	Date Range	Resources
By December 2017, develop and implement a comprehensive community-based health promotion and disease prevention plan based on known health risk factors from established data sources	Develop a comprehensive community-based health promotion and disease prevention plan	Public Health Emergency Preparedness (PHEP) Coordinator, Clinic Supervisor, Health Educator, Disease Investigation Nurse	January- July 2017	Community Partners: Flint Hills Wellness Coalition (FHWC), Kansas State University (KSU), Via Christi Hospital, etc. Data Sources: Centers for Disease Control and Prevention (CDC), Kansas Department of Health and Environment (KDHE), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Riley County Community Health Improvement Plan (CHIP), U.S. census data
	Approve plan	Leadership Team	August-September 2017	
	Implement plan	Leadership Team	November 2017, ongoing	

Objective 2	Actions	Responsible Party	Date Range	Resources
Through 2019, host quarterly meetings with Riley County (RC) Department of Planning and Development (Environmental Health) to assure that Environmental Health Services such as school inspections and water testing are being provided to Riley County.	Determine quarterly meeting dates with RC Environmental Health	Administrative Director	January 2017-March 2017	RCHD and RC Planning & Development/Environmental Health Specialist
	Host RC Environmental Health staff at meetings, on a quarterly basis	Administrative Director, PHEP Coordinator, Riley County Health Department (RCHD)Epidemiology Team	March 2017, ongoing	
Objective 3	Actions	Responsible Party	Date Range	Resources
By December 2019, increase the number of clients who have received family planning services, maternal and child services (including WIC and home visiting), and STD and HIV testing and treatment by 10% for programs overall.	Establish a follow-up appointment policy for family planning clients	Clinic Supervisor, Administrative Director	January-March 2017	marketing/advertising Insight, KWIC
	Create and implement an Internal and External Referral System	Leadership Team	January-March 2017, ongoing	
	Make Appointments or follow up with clients met at community outreach events	Administrative Director; Clinic, WIC, and Family Connections Supervisors, Disease Investigation Nurse	April2017, ongoing	

Objective 4	Actions	Responsible Party	Date Range	Resources
By December 2018, make available an electronic database of community health and social services on the RCHD Website	Participate in monthly meetings with community partners to develop a database	Administrative Director, Health Educator	February 2017, ongoing	Community partners and coalitions (FHWC, RC IT/GIS, KSU, Manhattan Public Library, FHWC, etc.); area medical and social service providers (Via Christi, private practice, Pawnee Mental Health, etc.); RC CHIP Funding
	Provide database on RCHD webpage	Administrative Director, Health Educator	December 2018	
Objective 5	Actions	Responsible Party	Date Range	Resources
By December 2017, determine a baseline number of RCHD clients that receive internal RCHD referrals and external referrals to outside organizations for health, insurance and social services and by 2019 increase internal and external client referrals for health, insurance and social services by 20%.	Create and implement an Internal and External Referral System	Leadership Team	January-March 2017, ongoing	Relevant community partners such as, Insight, Kansas WIC (KWIC) System
	Determine baseline data by checking health records and other reporting forms for both internal and external referrals for services(ranging from clinical to social services)	Leadership Team	April-December 2017	
	Determine change in internal and external referrals	Leadership Team	January 2017-December 2018, 2019	

Appendix B: Strategic Planning Team

Andrew Adams, MPH, Public Health Emergency Preparedness Coordinator

Leslie Campbell, RN, Clinic Supervisor

Jessica Fiscus, MPH, Health Educator

Lori Fortin, RD, LD, CBE, WIC Dietitian

Jane Freyenberger, RDLD, WIC Supervisor

Jennifer Green, PhD, MPH, CHES, Administrative Director and Local Health Officer

Sarah Hartsig, Kansas Health Institute Senior Analyst

Shelley Hays, Fiscal Analyst

Michelle Markvicka, Administrative Assistant

Daniel Perez, MPH, Family Connections Supervisor

Jan Scheideman, Raising Riley Supervisor

Breva Spencer, LBSW, Child Care Surveyor

Appendix C: Summary of Strategic Planning Process

Beginning in January 2016, RCHD staff underwent a yearlong strategic planning process. A summary of the strategic planning process facilitated by KHI is provided here. A timeline of the strategic planning process can be found below.

1. Assess Readiness for Strategic Planning

In December 2015, the then RCHD Administrative Director, reached out to KHI to inquire about facilitation of a Strategic Planning Process. Over the course of a few phone calls, they discussed RCHD's progress on the other pre-requisites for strategic planning (the CNA and CHIP) and RCHD's proposed timeline for becoming accredited. They discussed health department personnel's participation in in-person learning sessions about conducting a Strategic Plan, and also mapped out a process for strategic planning, which incorporated the steps of the NACCHO strategic planning handbook.

2. Evaluate and Revise Mission, Vision, and Values

From January to March 2016, in discussions facilitated by KHI, the Strategic Planning Team reviewed and evaluated the current RCHD vision and mission statement (a RCHD values statement was not in existence at the time). The Strategic Planning Team drafted proposed revisions to these statements. The proposed vision, mission, and values statements were presented to all RCHD staff during a half-day planning session with all RCHD staff. No change was made to the existing RCHD vision (*Healthy People in a Healthy Community*). After group discussion, changes were made to the mission and values statements.

The drafted vision, mission, and values statements were reviewed by the BOH and PHAC, and community stakeholders during a series of meetings in the spring and fall. In April and May 2016 the RCHD Strategic Planning Team presented the vision and revised mission and values to the BOH and PHAC, respectively, for review and feedback. Feedback from PHAC members was presented to staff during an all staff meeting in June 2016. RCHD staff had an additional opportunity provide comments during the meeting. The Strategic Planning Team met in July 2016 to incorporate feedback on the mission and values statements. In September 2016, community stakeholders were invited to attend a half-day meeting to hear the vision and revised mission and values. More than 40 community partners and organizations attended.

3. Conduct an Environmental Scan & Program Assessment

In January 2016, the Strategic Planning Team actively participated in an Environmental Scan and Program Assessment, facilitated by KHI. Data was gathered from various sources including a LPHSA, CHIP, CNA, a policy scan, and a Program Assessment. These data provided an overview of community health needs, RCHD strengths and weaknesses, and current capacity of RCHD and informed the strategic planning process. A summary of the Environmental Scan and Program Assessment is provided on page 7.

4. Select Strategic Priorities

In March 2016, KHI facilitated an in-person planning session with all RCHD staff to: 1) reflect on proposed RCHD's mission, vision, and values (as described above) 2) discuss information about the health department's operations 3) determine key areas of strengths and improvements by completing a

SWOT analysis, and finally 4) used this information to compile a draft list of strategic priorities. Strategic priorities were drafted based on the following criteria: 1) need for improvement 2) opportunity for internal and external collaboration 3) feasibility (including availability of resources and probability of success) 4) visible impact and 5) measurability. Staff used a nominal group process to brainstorm important priorities. The list was then refined, prioritized and reflected upon. Four strategic priorities were drafted and defined: Promote and Protect Health 2) Community Outreach and Engagement 3) Quality and Sustainability 4) Skilled and Engaged Staff.

In April and May 2016 the RCHD Strategic Planning Team presented the drafted strategic priorities to the BOH and PHAC for review and feedback. Utilizing this feedback, the RCHD Strategic Planning Team revised the strategic priorities and developed draft goals for each priority. RCHD staff had an additional opportunity to review the drafted strategic priorities and provide feedback during a staff meeting in June 2016. In September 2016, community stakeholders were invited to attend a half-day meeting, as described above, to review and confirm the drafted strategic priorities and goals. Feedback received from community partners was reviewed by the Strategic Planning Team and used to refine goals and develop objectives and action steps.

5. Write Goals, Objectives, and Action Steps

From October to December 2016, the RCHD Strategic Planning Team held at least monthly meetings to write goals, objectives, and actions steps for each of the strategic priorities. Meetings were facilitated by KHI and utilized Adobe Connect. Members of the Strategic Planning Team held additional small group work meetings to further discuss goals, objectives, and action steps for specific strategic priorities. Outcomes measures to help us determine if the goals of our strategic plan are being met, were identified for each strategic priority.

In a series of meetings in January 2016, the final strategic priorities, goals, objectives, and action steps were presented to all RCHD staff, the PHAC members, and the Riley County Commissioners serving as the BOH. On January 30, 2017 the BOH approved the RCHD organizational strategic plan.

6. Successful Implementation and Monitoring

The implementation and monitoring of the strategic plan will begin January 2017. The RCHD Strategic Planning Team is in the process of developing a Performance Management System that will include using the outcome measures developed to monitor progress toward meeting the goals and objectives of the strategic plan. The Strategic Planning Team will analyze and interpret performance data quarterly. Quarterly progress reports will be made to during public BOCC and PHAC meetings, and will be included in the RCHD Annual Report. In addition, the Appendix D of this report will be updated to include annual reports of our progress toward meeting our goals and objectives.

Timeline for RCHD Strategic Planning

Phase	Action	Completion Date
Environmental Scan/Program assessment	Draft list of data collection components	1/21/2016
	Draft timeline for strategic planning	1/21/2016
	Kickoff Phone Call	1/22/2016
	Review and discuss list of data collection components	1/22/2016

	Check-in: email questions as needed	Ongoing
	Collect data components	3/4/2016
	Program assessment	2/29/2016
In-person session to select strategic priorities	Set date for in-person strategic planning day	
	Invite participants (Staff, BOCC, PHAC)	
	Development of overarching goals for in-person day (draft list of strategic priorities, etc.)	2/18/2016
	Check-in call	2/25/2016
	In-person day agenda developed	2/18/2016
	Collect data components	3/4/2016
	Review key points from data collection	3/4/2016
	Check-in Call	3/4/2016
	Put together presentation slides, run through slides (practice before 3/17 call)	By 3/17/2016
	Check-in call	3/17/2016
	In-person day	3/22/2016
	Notes from in-person day	
	Check-in call	4/12/2016
	Draft list of strategic priorities	
Share Strategic Priorities with Leadership; Develop program purpose statements (connecting to the WHY)	Develop questions for feedback from PHAC and BOH	4/21/2016
	Check-in call	5/4/2016
	Meeting with BOH to share draft strategic priorities; request guidance on strategic planning process given the current status of director search	5/19/2016
	Utilize logic model template to identify short, intermediate, and long-term outcomes that program aims to achieve	5/27/2016
	Work with staff to identify program purpose statements	5/27/2016
	Meeting with PHAC to share draft strategic priorities	6/29/2016
	All feedback from PHAC and BOH due	7/8/2016
	Meet to discuss feedback from PHAC and BOH on Strategic Priorities	7/13/2016 3:30-5:00
	Connect program purpose statements to draft strategic priorities; incorporate outcomes into performance management system	
	Check-in call	

Half-day session with stakeholders to review and confirm strategic priorities, brainstormed goals	Identify invite list for half-day session with community partners	8/12/2016
	Set date for half-day session with community partners	
	Development of overarching goals for half-day session (confirmed list of strategic priorities, etc.)	8/26/2016
	Invite community partners	8/26/2016
	Half-day session agenda developed	9/01/2016
	Check-in call	9/01/2017
	Finalize content and slides	9/20/2017
	Half-day session with community partners	9/27/2016
	Notes from half-day session	10/04/2016
	Confirmed list of strategic priorities; brainstormed list of goals	10/14/2016
Write and finalize the strategic plan and action steps	Goals, objectives, activities drafted	10/28/2016
	Feedback on goals, objectives, activities	11/04/2016
	Check-in call	11/21/2016 and 12/13/2016
	Finalize the Strategic Planning Documents	12/30/2016
	Identification of key measures for PM system	01/03/2016
	Presentation to RCHD Staff	1/26/2017
	Presentation to BOH and community	1/30/2017
Implementation and Monitoring	Implement and track strategic plan	Beginning in January 2017

Appendix D: Annual Progress Reports

This section will be updated annually to include progress made towards meeting goals, objectives, and action steps outlined in the plan. This section will also describe how the progress towards RCHD goals and objectives benefits and influences the health of the community.

2017 Annual Report

Promote and Protect Health

Goal: Promote activity or collaboration within each of the Kansas Foundational Areas of the Foundational Public Health Services Model

- **Health Promotion and Disease Prevention**
- **Communicable Disease Control**
- **Environmental Health**
- **Maternal, Family and Child Health**
- **Access to & Linkages with Clinical Care**

A Community-Based Health Promotion and Disease Prevention Plan for 2017 – 2019 has been written. Goals and strategies for five major areas have been developed. These five areas are: 1) enhanced surveillance systems, 2) communicable disease prevention and health promotion, 3) chronic disease prevention and health promotion, 4) seeking and advocating for funding initiatives, and 5) strengthening partnerships and leveraging resources.

Further, we aimed to host quarterly meetings with Riley County Department of Planning and Development to ensure that environmental health services such as school inspections and water testing are being provided. Two meetings with Planning and Development were held, one in April and one in November. Meeting topics included school inspections, BugAPalooza, welcoming the new Environmental Health Specialist, disease investigations, water testing, and collaborating with child care licensing. In addition, the RCHD Administrative Director was part of the hiring committee to select the new Environmental Health Specialist.

The Integrated Referral and Intake System (IRIS) system was identified as a possible vehicle for managing internal and external referrals and help the community access clinical care and social services. This is a user friendly, free, online, multi-program referral system that was designed by the University of Kansas Center for Public Partnerships and Research. The RCHD leadership team contacted selected community partners about this and an introductory meeting was held in November. Follow-up meetings to implement the community wide system will be held in 2018.

Goal: Utilize evidence-based practices to address health risks, health behaviors, disease prevention, and wellness

We aimed to gain access to at least one academic database and subscribe to at least one academic journal. The RCHD Director worked with the Cindy Logan, KSU Librarian, to identify avenues for staff to Full text access academic articles. The Directory of Open Access Journals (www.doaj.org) was identified as one website that has limited access free full-text articles. This information will be shared with staff during the December all staff meeting.

Community Outreach and Engagement

Goal: Expand and strengthen relationships with community partners

The RCHD leadership team compiled a database of more than 300 persons and organizations in the community that RCHD staff partner with on public health activities. In addition, staff identified community partners we have not yet engaged with. The database was distributed to staff and will be updated annually or as needed.

In October, RCHD hosted a Community Partner Meeting to share information about current programs and initiatives. The more than 30 partners present participated in an Action SWOT Analysis to help to understand how the RCHD fits into the external environment, identify the organizational strengths, weaknesses, opportunities and threats. Partners identified strategies to build on organizational strengths, mitigate organizational weakness, capitalize on opportunities, and prevent future threats.

Goal: Develop strategies to improve communication with partners and the public

The Public Health Advisory Council (PHAC) advises RCHD. PHAC members are citizens of the Manhattan community and Riley County. Members represent the community served by the health department and advocate for the health of our community. PHAC members meet monthly during open meetings to address key community health issues. An ongoing objective of the PHAC and the health department is to increase community participation. RCHD created Facebook invites for each meeting and posted PHAC information on the RCHD website. RCHD staff will continue to work to increase PHAC attendance in 2018. RCHD staff will also utilize The Mercury Newspaper online calendar and Nextdoor website to promote PHAC meetings.

In 2017, members of RCHD staff formed a committee to explore and evaluate the current Riley County and RCHD branding policies. A branding strategy is being completed not only as a part of RCHD's intention to apply for Public Health Accreditation Board (PHAB) Accreditation, but also as a part of our work towards becoming a more efficient and effective health department that is engaged with community partners and the public. The purpose of the Branding Strategy Committee is to communicate the value of the RCHD's products, services, and practices to external audiences. The committee investigated and reviewed branding policies from other local health departments and public health agencies in the United States. Committee members attended a branding strategy workshop in November 2017. The branding strategy was reviewed and revised by the RCHD Leadership Team.

In 2018, RCHD staff will work to develop a policy for notifying the public of health concerns and develop health alerts and reminders for the public utilizing the Everbridge system. Further, RCHD will advocate and educate for a health in all policies (HiAP) approach including training for RCHD staff, PHAC members, and the BOH.

Quality and Sustainability

Goal: Integrate continuous quality improvement into organizational practices, processes, programs, and interventions

In 2017 the Health Department made strides to build a culture of quality improvement to better serve our community. Our Quality Improvement (QI) Plan was adopted in May 2017. Staff received training on QI concepts in our September all staff professional development meeting. Staff began brainstorming QI projects and submitted purpose or AIM statements to the QI team in December. QI projects will begin in July 2018 after approval and feedback from the QI Team.

In addition to QI activities, the Health Department began exploring options for a new electronic health record (EHR) system. The Health Department Director, Nursing Supervisor, and other front-line staff attended several demonstrations in partnership with five other local health departments. Requests for proposals will be sent out in January 2018 and a decision will be made by summer 2018.

Goal: Achieve Public Health Accreditation Board (PHAB) Accreditation

In July 2017 the Accreditation Coordinator and Health Department Director presented to the Board of Health and requested approval to apply for Accreditation in May 2018. The Board of Health agreed to support the Health Department in applying for Accreditation. The Health Department completed all pre-requisites for Accreditation including the Strategic Plan, Quality Improvement Plan, Branding Strategy, Community Health Assessment, Community Health Improvement Plan, Workforce Development Plan, Emergency Operations Plan, and Performance Management System and Policy. The Flint Hills Wellness Coalition was a critical partner in ensuring the completion of the Community Health Improvement Plan and will take the lead in completing action steps.

Skilled and Engaged Staff

Goal: Recruit, hire, retain and train a diverse and competent workforce

It's important to have a competent workforce in order to continue operations and provide quality services, which allows us to reach our goals in all areas. We aim to give staff opportunities to develop and grow professionally so that they are performing at a high standard, satisfied with their work environment and passionate about what they do. As a health department, our workforce is our biggest asset in serving the community.

In an effort to maintain and train a competent current and future workforce, we have developed and implemented an internship policy, effective October 2017. The policy can be found on the Riley County website along with an application to apply for an internship with RCHD. In early 2017, RCHD implemented an exit interview policy to determine risk factors for employee separation. The identification of risk factors will aid in future employee retention efforts. As a part of the RCHD workforce development plan, a professional development tracking database was created. Effective January 2018, all staff will be required to take 16 hours of professional development training and log the trainings in the database annual.

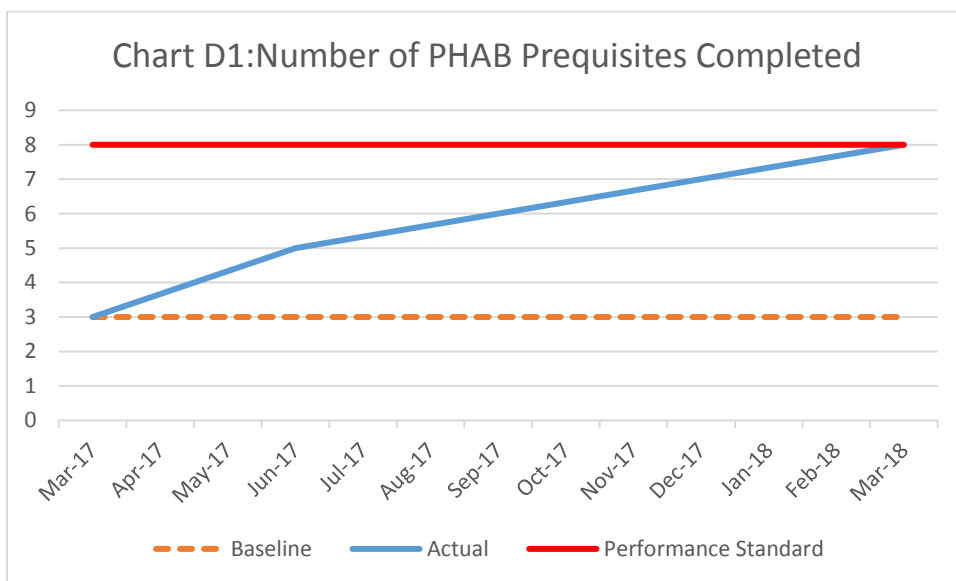
Goal: Support and facilitate workplace wellness for Riley County Health Department Employees

In spring 2017, a Worksite Wellness Committee was formed to develop a worksite wellness plan. The Worksite Wellness Team conducted a survey among RCHD employees to identify which areas of worksite wellness to focus on. "Well-Being" was identified as the area of focus. In the fall of 2017, the Worksite Wellness Team initiated an Employee of the Month recognition award for RCHD staff. In addition, the Worksite Wellness Team revised and implemented RCHD Employee Satisfaction Survey in Fall 2017.

Performance Management

As a part of a performance management system, outcome measures developed for each goal will be used to monitor progress toward meeting the goals and objectives of the strategic plan. The Strategic Planning team will analyze and interpret performance data quarterly. A sample of progress towards performance measures are included below.

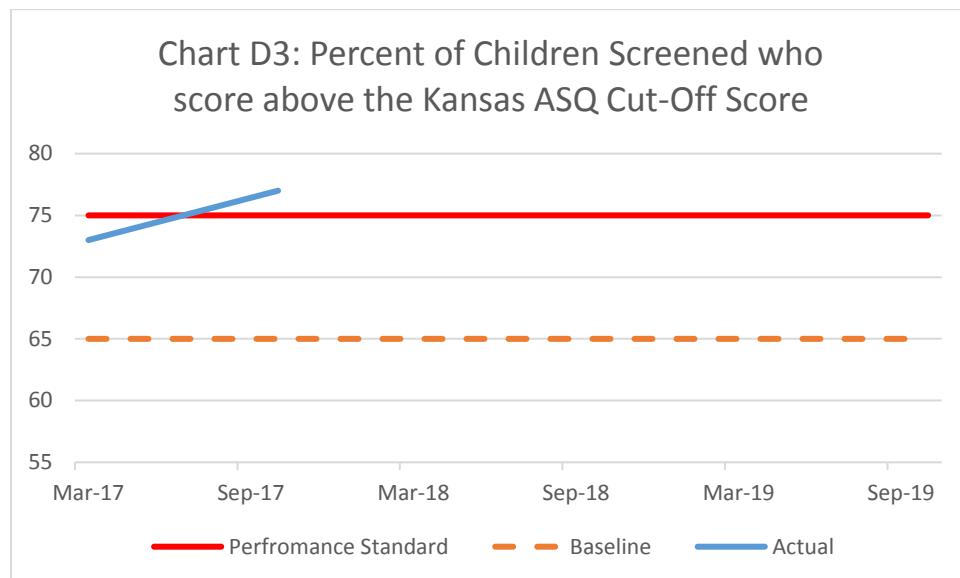
Riley County Health Department staff have completed 7 of the 8 PHAB prerequisites (Chart D1). To meet the performance standard all prerequisites should be completed. Completed prerequisites include a Community Health Assessment, Community Health Improvement Plan, a Branding Strategy, Emergency Operations Plan, and a Strategic Plan. The last prerequisite, the Workforce Development Plan was completed in January 2018.



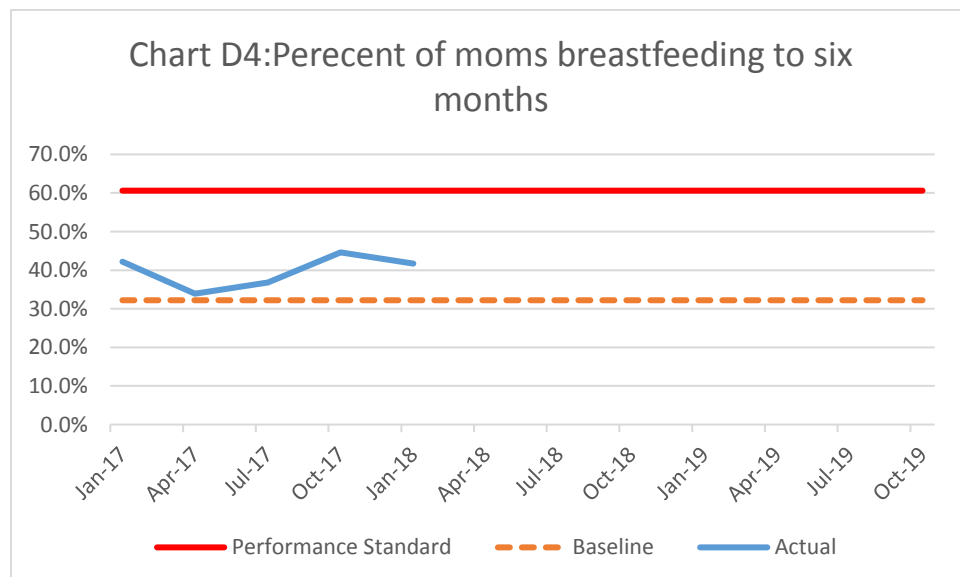
The Child Care Licensing program tracks the number of abuse, injuries, or deaths that occur in a child care setting. The performance standard is one or fewer reports of injury, abuse, or death in a child care setting. In 2017, The CCL program acquired the contract to license Geary County (GE) child care facilities in addition to Riley County (RL). The baseline number of abuse, injury or deaths in a child care setting was two in 2016 and was adjusted to a new baseline of zero in 2017 to reflect the inclusion of Geary County.

Table D1. Child Care Licensing Reports of Injury, Abuse, Neglect		
	2016	2017
Riley County	2	0*
Geary County	-	0*
*Meets performance standard of 1 or fewer reports of injury, abuse or death in a child care setting		

The Raising Riley program tracks the percent of children screened by the Raising Riley program who score above the State of Kansas Ages and Stages Questionnaire (ASQ-3) cut off scores. ASQ cut-off scores vary by age of the child and developmental area. The performance standard indicates 75% of children screened should score above the ASQ cut-off guidelines. By third quarter of 2017, 77% of children screened scored above the ASQ cut-off guidelines exceeding the performance standard (Chart D3).



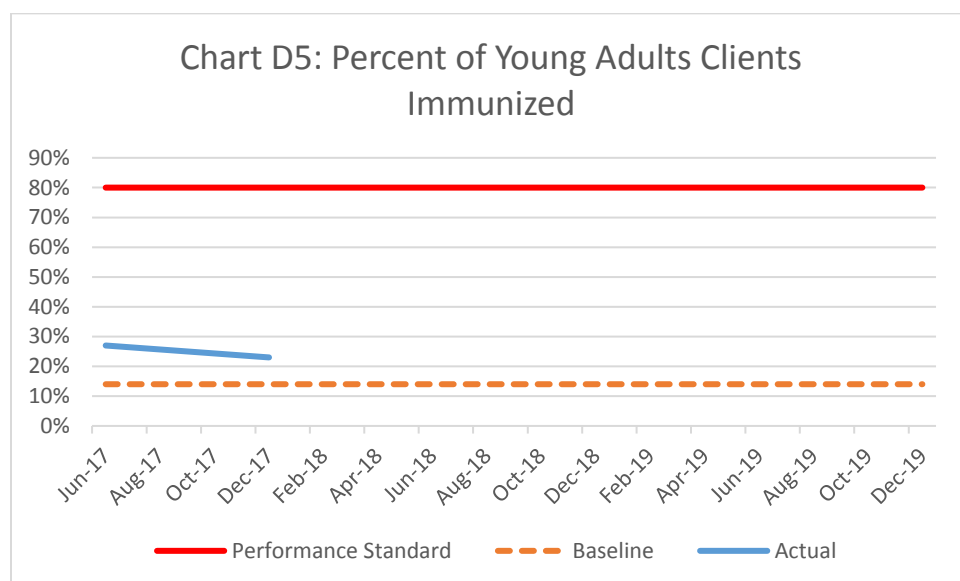
WIC tracks the percentage of WIC mothers breastfeeding to six months. The performance standard based on Healthy People 2020 suggests a target of 60.6% of WIC mothers breastfeeding until six months. The percentage of mothers enrolled in WIC reporting breastfeeding to six months ranges from 33.9% to 44.6% each quarter (Chart D4). The WIC Breastfeeding Peer Counselor continues to increase the number of direct contacts with WIC clients to provide personalized breastfeeding support.



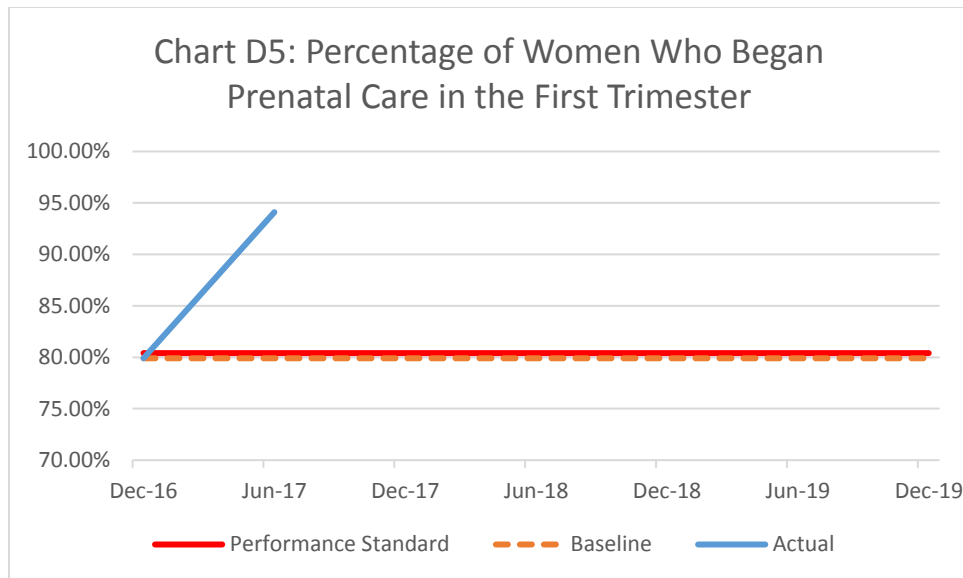
The public health clinic tracks the percent of young adults (18-26) clients who have been immunized against the Human Papilloma Virus (HPV). The performance standard, based on a Healthy People 2020 measure, indicates a goal of 80% of males and females immunized against HPV. At baseline 14% of young adults seen in the clinic were immunized against HPV. By the 4th quarter of 2017, 23% of young adults received the HPV vaccine (Chart D5). RCHD clinic staff applied for funding from the Kansas Department of Health and Environment to implement evidence-based strategies to improve HPV immunization rates.

Note: The HP 2020 HPV vaccination measures is targeted for adolescents ages 13-15. Thus, by age 18-26, a reasonable performance standard is at least 80% of young adults receive the HPV vaccine. For more information on the HP2020 HPV vaccination objective visit:

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>



The Maternal and Child Health (MCH) program tracks the percentage of mothers enrolled in Becoming a Mom who began prenatal care during their first trimester. The performance standard indicates 80.4% of females received prenatal care beginning in the first trimester of their pregnancy. At baseline (2013-2015), 79.9% of females received prenatal care during their first trimester. Between January and June 2017, 94.1% of BaM participants received prenatal care during their first semester (Chart D5). Data for the remainder of 2017 will be available in spring 2017.



As an indicator of staff preparedness, the Public Health Emergency Preparedness Program tracks the percentage of staff who have completed each required Incident Command System (ICS) training course. At baseline in 2016, 97% of staff completed annual each ICS training course. The performance standard indicates that 100% of staff should complete each required ICS training course. By December 2017, 97.5% of staff completed each of the ICS training courses.

